

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** PressEnter L.L.P.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 421 N 2nd St, River Falls, WI 54022

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Steven A. Reisman

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

PressEnter L.L.P., 421 N 2nd St, River Falls, WI 54022

**Telephone Number of Designated Agent:** (715) 426-2100

**Facsimile Number of Designated Agent:** (715) 426-2111

**Email Address of Designated Agent:** copyright@presenter.com

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 18 Sept 2001

**Typed or Printed Name and Title:** Steven A. Reisman, Partner

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

SEP 24 2001

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